

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552441

FILING DATE

APPLICANT(S) (

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		3				
12		3				
13		4				
14		4				
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16		4				
17		4				
18		4				
19		4				
20		4				
21		3				
22		3				
23		4				
24		4				
25		4				
26		1				
27		1				
28		1				
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31	1					
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49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	86	←		←		←
TOTAL CLAIMS	91					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						